


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000003368		
1. Entity Name HEALING FOR THE NATIONS EVANGELISTIC ASSOCIATION, INC.		
Principal Place of Business WORLD HARVEST CHURCH 10777 PEMBROKE RD. PEMBROKE, FL 33025 US	Mailing Address NEIGEL L. SCARBOROUGH A 1561 DICK POND RD. MYRTLE BEACH, SC 29575 US	



02102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0508706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUMPHREY, JACK 5437 KING AVE. ZELLWOOD, FL 32798	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCARBOROUGH, NEIGEL L 1561 DICK POND RD. MYRTLE BEACH, SC 29575
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SCARBOROUGH, PEGGY 1561 DICK POND RD MYRTLE BEACH, SC 29575
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARBOROUGH, SHERRI 1561 DICK POND RD. MYRTLE BEACH, SC 29575
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCROSKEY, THOMAS 1544 FORT HILL DR SENECA, SC 29678
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCROSKY, MARCELLE 1544 FORT HILL DR SENECA, SC 29678
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000238365
02/21/05-80085-019 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Neigel L. Scarborough **Feb. 17, 2005** 650-2407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

\$ 70.00 Enclosed -